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10/07/2004

MACPHERSON KWOK CHEN & HEID LLP

1762 TECHNOLOGY DRIVE, SUITE 226

SAN JOSE, CA 95110

11/08/2004 MAHMEDE 00000015 502257 10678317

01 FC:1501 1370.00 DA
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Michael Shenker

(Depositor's name)

Michael Shenker

(Signature)

11-2-04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/678,317	10/03/2003	Yi Ding	M-15210 US	2581

TITLE OF INVENTION: NONVOLATILE MEMORY FABRICATION METHODS COMPRISING LATERAL RECESSING OF DIELECTRIC SIDEWALLS AT SUBSTRATE ISOLATION REGIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PICARDAT, KEVIN M	2822	438-257000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MacPherson Kwok

1 Chen & Heid LLP

2 Michael Shenker

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ProMOS Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hsin Chu City, Taiwan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2257 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael Shenker

Date

11-2-04

Typed or printed name

Michael Shenker

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34,250

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